

2017

49 U.S.C. SECTION 5339
BUS AND BUS FACILITIES FORMULA PROGRAM
FOR RURAL AREAS

CFDA 20.526

CAPITAL ASSISTANCE APPLICATION
FLORIDA DEPARTMENT OF TRANSPORTATION - PUBLIC TRANSIT OFFICE

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1. CAPITAL ASSISTANCE APPLICATION

1.1. CAPITAL ASSISTANCE APPLICATION CHECKLIST

Name of Applicant: _____

Check one: New Applicant _____ Recurring Applicant _____

The following must be included in the Application for Section 5339 Capital Assistance in the order listed.

- ____ **1.1** Capital Assistance Application Checklist (this form)
- ____ **1.2** Applicant's cover letter
- ____ **1.3** Governing board's Resolution
- ____ **1.4** Form 424: Application for Federal Assistance
- ____ **1.5** Exhibit A: Current System Description
- ____ **1.6** Exhibit A-1: Fact Sheet (if grant is for vehicles/equipment)
- ____ **1.7** Exhibit B: Proposed Project Description
- ____ **1.8** Exhibit C: Public Hearing and Publisher's Affidavit (public agencies only)
- ____ **1.9** Form C-1: Operating & Administrative Expenses
- ____ **1.10** Form C-2: Operating & Administrative Revenues
- ____ **1.11** Form C-4: Current Vehicle and Equipment Inventory (if grant is for vehicles/equipment)
- ____ **1.12** Form C-5: Capital Request
- ____ **1.13** Exhibit D: Leasing
- ____ **1.14** Exhibit E: Federal Certifications and Assurances
- ____ **1.15** Exhibit F: Certification of Equivalent Service (if grant is for non-accessible vehicles)
- ____ **1.16** Exhibit G: Applicant Certification and Assurance to FDOT
- ____ **1.17** Exhibit J: Standard Lobbying Certification Form
- ____ **1.18** Exhibit K: FTA Section 5333(b) Assurance
- ____ **1.19** Copy of the Title VI Plan (if agency has not previously submitted a Title VI plan)

If grant is for facilities:

- ____ **1.20** Copy of cover letter sent with application submitted to Local Clearinghouse Agency/RPC
- Date: _____
- ____ **1.21** Exhibit H: Protection of the Environment

FOR DEPARTMENT USE ONLY

Date: _____ Letter received from the Local RPC/Clearinghouse

1.2. COVER LETTER – SAMPLE

(On Agency Letterhead)

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

GRANT APPLICATION

_____ (agency name) submits this Application for the Section 5339 Program Grant and agrees to comply with all assurances and exhibits attached hereto and by this reference made a part thereof, as itemized in the Checklist for Application Completeness.

_____ (agency name) further agrees, to the extent provided by law (in case of a government agency in accordance with Sections 129.07 and 768.28, Florida Statutes) to indemnify, defend and hold harmless the Department and all of its officers, agents and employees from any claim, loss, damage, cost, charge, or expense out of the non-compliance by the Agency, its officers, agents or employees, with any of the assurances stated in this Application.

This Application is submitted on this _____ day of _____, 201____ with two (2) original resolutions or certified copies of the original resolution authorizing _____ (Name & Title) to sign this Application.

Agency Name

By _____ Date _____

Title _____

1.3. RESOLUTION FORM – SAMPLE

(On Agency Letterhead)

A **RESOLUTION** of the _____ (Governing Board) _____ authorizing the signing and submission of a grant application and supporting documents and assurances to the Florida Department of Transportation, the acceptance of a grant award from the Florida Department of Transportation, and the purchase of vehicles and/or equipment and/or expenditure of grant funds pursuant to a grant award.

WHEREAS, _____ (Applicant) _____

has the authority to apply for and accept grants and make purchases and/or expend funds pursuant to grant awards made by the Florida Department of Transportation as authorized by Chapter 341, Florida Statutes and/or by the Federal Transit Administration Act of 1964, as amended;

NOW, THEREFORE, BE IT RESOLVED BY THE _____ (Governing Board) _____

_____, FLORIDA:

1. This resolution applies to Federal Program(s) under U.S.C. Section(s) _____.
2. The submission of a grant application(s), supporting documents, and assurances to the Florida Department of Transportation is approved.
3. _____ (Authorized Individual by Name and Title) _____ is authorized to sign the application, accept a grant award, purchase vehicles/equipment and/or expend grant funds pursuant to a grant award, unless specifically rescinded.

DULY PASSED AND ADOPTED THIS _____, 20__

By: _____

(Signature, Chairman of the Board)

(Typed Name and Title)

ATTEST:

_____ (seal)

1.4. FORM 424: APPLICATION FOR FEDERAL ASSISTANCE

Attach the completed Form 424 here.

1.5. EXHIBIT A: CURRENT SYSTEM DESCRIPTION

1. What is a general overview of the organization including its mission, program goals and objectives?
2. What is the organizational structure, type of operation, number of employees, and other pertinent organizational information? Is the organization a government authority or a private non-profit agency? Include an organizational chart that shows the positions that are involved in the transit department i.e. fleet manager, vehicle maintenance. The organizational chart may be placed after this exhibit.
3. Who is responsible for insurance, training, management, and administration of the agency's transportation program?
4. Who provides maintenance for the vehicles? Is it outsourced? What type of Preventative Maintenance work does the agency do on-site?
5. What is the agency's current number of transportation related employees?
6. What is a detailed description of service routes and ridership numbers?

If the applicant is a Community Transportation Coordinator (CTC), **relevant pages** of a Transportation Disadvantaged Service Plan (TDSP) and Annual Operating Report (AOR) containing the above information may be provided here. Please do not attach entire documents.

1.6. EXHIBIT A-1: FACT SHEET

Name of Applicant: _____

	CURRENTLY	IF GRANT IS AWARDED
1. Number of one-way passenger trips.* PER YEAR		
2. Number of individuals served unduplicated (first ride per rider per fiscal year). PER YEAR**		
3. Number of vehicles used for this service. ACTUAL		
4. Number of ambulatory seats. AVERAGE PER VEHICLE (Total ambulatory seats divided by total number of fleet vehicles)		
5. Number of wheelchair positions. AVERAGE PER VEHICLE (Total wheelchair positions divided by total number of fleet vehicles)		
6. Vehicle Miles traveled. PER YEAR		
7. Average vehicle miles PER DAY		
8. Normal vehicle hours in operation. PER DAY		
9. Normal number of days in operation. PER WEEK		
10. Trip length (roundtrip). AVERAGE		

Estimates are acceptable. The information listed should be specific to the Section 5339 funds and not agency wide.

* One way passenger trip is the unit of service provided each time a passenger enters the vehicle, is transported, then exits the vehicle. Each different destination would constitute a passenger trip

** The unduplicated riders are for current year and the subsequent year once the grant is awarded

1.7. EXHIBIT B: PROPOSED PROJECT DESCRIPTION

1. How will a grant award be used? More hours? Larger geographic area? Shorter headways? More trips? Please explain in detail.
2. If a grant award will be used to construct bus related facilities specifically explain how it will be used in the context of total service.
3. If this grant application is for a vehicle/equipment, provide a detailed explanation of the need for the vehicle and provide evidence of the need.
4. If the grant application is for a vehicle/equipment, is the intent to replace existing vehicles/equipment or purchase additional vehicles/equipment? Provide details.
5. Identify any vehicles/equipment being replaced and list them on the “**Current Vehicle and Transportation Equipment Inventory**” form.
6. If the grant application is for a vehicle/equipment, describe how vehicles will be maintained without interruptions in service (who, what, where, and when).
7. If the grant application is for a vehicle/equipment and if the vehicles and/or equipment are proposed to be used by a lessee or private operator under contract to the applicant, identify the proposed lessee/operator.
 - a. Include an equitable plan for distribution of vehicles/equipment to lessees and/or private operators.
8. How are you providing a service that the CTC cannot? Provide detailed information supporting this requirement.
9. Who will drive the vehicle, number of drivers, CDL certifications?
10. If the grant application is for bus related facilities, please provide any pertinent documents that may be on record, to make a determination on such things as reasonableness of cost, sufficiency of preliminary engineering and design work completed.
11. If the grant application is for bus related facilities, please provide a full, detailed scope of the project, including but not limited to a project schedule, construction days, method of procurement, etc.

Note: If the grant application is for bus related facilities, the project activities must be sufficiently described to assist the reviewer in determining eligibility under this program.

1.8. EXHIBIT C: PUBLIC HEARING

Attach a copy of the notice of public hearing and an affidavit of publication here.

1.8.1. PUBLIC NOTICE – SAMPLE

All interested parties within (counties affected) are hereby advised that (public agency) is applying to the Florida Department of Transportation for a capital grant under Section 5339 of the Federal Transit Act of 1991, as amended, for the purchase of (description of equipment) to be used for the provision of public transit services within (defined area of operation) .

A Public Hearing has been scheduled at (date, time, location), for the purpose of advising all interested parties of service being contemplated if grant funds are awarded, and to ensure that contemplated services would not represent a duplication of current or proposed services provided by existing transit or paratransit operators in the area.

This hearing will be conducted if and only if a written request for the hearing is received by (two days prior to the scheduled hearing).

Requests for a hearing must be addressed to (Public Agency name and address) and a copy sent to (name and address of appropriate FDOT District Office.)

Florida Law and Title VI of the Civil Rights Act of 1964 Prohibits Discrimination in:

Public accommodation on the basis of race, color, religion, sex, national origin, handicap, or of marital status.

Persons believing they have been discriminated against on these conditions may file a complaint with the Florida Commission on Human Relations at 850-488-7082 or 800-342-8170 (voice messaging)

1.9. FORM C-1: OPERATING AND ADMINISTRATIVE EXPENSES

Name of Applicant: _____

Applicant Fiscal period start and end dates: _____ to _____

State Fiscal period from July 1, 2017 to June 30, 2018

EXPENSE CATEGORY	EXPENSE \$
Labor (501)	\$
Fringe and Benefits (502)	
Services (503)	
Materials and Supplies (504)	
Vehicle Maintenance (504.01)	
Utilities (505)	
Insurance (506)	
Licenses and Taxes (507)	
Purchased Transit Service (508)	
Miscellaneous (509)	
Leases and Rentals (512)	
Depreciation (513)	
TOTAL EXPENSE	\$

1.10. FORM C-2: OPERATING AND ADMINISTRATIVE REVENUES

Name of Applicant: _____

Applicant Fiscal period start and end dates: _____ to _____

State Fiscal period from July 1, 2017 to June 30, 2018

OPERATING REVENUE CATEGORY	REVENUE \$
Passenger Fares for Transit Service (401)	
Special Transit Fares (402)	
Other (403 – 407) (identify by appropriate code)	
TOTAL OPERATING REVENUE	\$
OTHER REVENUE CATEGORY	
Taxes Levied Directly by the Transit System (408)	
Local Cash Grants and Reimbursements (409)	
Local Special Fare Assistance (410)	
State Cash Grants and Reimbursements (411)	
State Special Fare Assistance (412)	
Federal Cash Grants & Reimbursements (413)	
Interest Income (414)	
Contributed Services (430)	
Contributed Cash (431)	
Subsidy from Other Sectors of Operations (440)	
TOTAL OF OTHER REVENUE	\$
GRAND TOTAL ALL REVENUE	\$

1.11. FORM C-4: CURRENT VEHICLE AND TRANSPORTATION EQUIPMENT INVENTORY (A)

Name of Applicant: _____ Date of Inventory: _____

Model Yr. (b)	Make/size /type (C)	FDOT control # or VIN (d)	Ramp or lift (specify)	Seats & W/C positions (i.e. 12+2)	Avg. miles/ Yr.	Current Mileage	Vehicle Status (Active/Spare/ Other)	Expected retirement date	Other equipment (e)	Funding source (f)

(a) Applicants must use this form.

(b) Identify vehicles to be replaced with this or other grant by placing an asterisk (*) next to the model year. In Exhibit B of the application, provide the name of the lessee or contractor, if applicable.

(c) For example, Ford 22' bus; Dodge converted van.

(d) Show FDOT control number OR VIN if bought with grant through FDOT. If bought through other funding, list the complete VIN.

(e) Include computer hardware and software, copiers, printers, mobile radios, communication systems, etc.

(f) Identify the grant or other funding source used for purchasing the vehicle/equipment.

1.12. FORM C-5: CAPITAL REQUEST

VEHICLE REQUEST

Name of Agency: _____

R or E (a)	Quantity	Description (b) www.tripsflorida.org	Estimated Cost
Sub-total			\$

(a) Replacement (R) or Expansion (E).

(b) Provide a brief description including the length and type vehicle, type of fuel, lift or ramp, number of seats and wheelchair positions. For example, 22' gasoline bus with lift, 12 ambulatory seats, and 2 wheelchair positions. Do not show the Make. **Any bus options that are part of purchasing the bus itself should be part of the vehicle request and NOT separated out under equipment.**

EQUIPMENT REQUEST

If item requested is after-market, it is recommended to gather and retain at least two estimates for the equipment requested. Purchases must be approved at the local level and follow [Procurement Guidelines](#).

	Number requested	Description (c)	Estimated Cost
Sub-total			\$

(c) Show mobile radios and identify the type of radio (i.e. two way radio or stereo radio), computer hardware/software, etc. under "Equipment Request."

VEHICLE SUBTOTAL \$ _____ + EQUIPMENT SUBTOTAL \$ _____ = \$ _____ (x).

(x) X 80% = \$ _____ [This equals the Federal request. Show this amount on Form 424 in block 18(a)]

1.13. EXHIBIT D: LEASING

MEMORANDUM for FTA 5339

Date: _____

From: _____
(Typed name and title) _____
(Signature)

(Typed or printed agency name)

To: **Florida Department of Transportation, District Office**
Modal Development Office / Public Transit

Subject: **YEAR 2017 GRANT APPLICATION TO THE**
FEDERAL TRANSIT ADMINISTRATION,
CAPITAL GRANTS FOR NON URBANIZED AREAS PROGRAM,
49 UNITED STATES CODE SECTION 5339

Leasing

Will the _____, as applicant to the Federal Transit

(Name of applicant agency)

Administration Section 5339 Program, lease the proposed vehicle(s) (or any other equipment that may be awarded to the Applicant) to a third-party?

___ Yes ___ No

If yes, specify to whom:

NOTE: It is the responsibility of the applicant agency to ensure District approval of all lease agreements.

1.14. EXHIBIT E: FEDERAL CERTIFICATIONS AND ASSURANCES

Please attach Federal Certifications and Assurances signature page here.

1.15. EXHIBIT F: CERTIFICATION OF EQUIVALENT SERVICE

CERTIFICATION OF EQUIVALENT SERVICE

_____ certifies that its demand responsive service offered to individuals with disabilities, including individuals who use wheelchairs, is equivalent to the level and quality of service offered to individuals without disabilities. Such service, when viewed in its entirety, is provided in the most integrated setting feasible and is equivalent with respect to:

1. Response time;
2. Fares;
3. Geographic service area;
4. Hours and days of service;
5. Restrictions on trip purpose;
6. Availability of information and reservation capability; and
7. Constraints on capacity or service availability.

In accordance with 49 CFR Part 37, public entities operating demand responsive systems for the general public which receive financial assistance under 49 U.S.C. 5310, 5339, and 5311 of the Federal Transit Administration (FTA) funds must file this certification with the appropriate state program office before procuring any inaccessible vehicle. Such public entities not receiving FTA funds shall also file the certification with the appropriate state office program. Such public entities receiving FTA funds under any other section of the FTA Programs must file the certification with the appropriate FTA regional office. This certification is valid for no longer than one year from its date of filing.

Executed this _____ day of _____, 20_____.

(Signature of authorized representative)

(Name and title of authorized representative)

1.16. EXHIBIT G: APPLICANT CERTIFICATION AND ASSURANCES TO FDOT

_____ (undersigned) _____ certifies and assures to the Florida Department of Transportation in regard to its Application under U.S.C. Section 5339 dated _____:

- 1) It shall adhere to all Certifications and Assurances made to the federal government in its Application.
- 2) It shall comply with Florida Statutes:
 - a. Section 341.051- Administration and financing of public transit and intercity bus service programs and projects
 - b. Section 341.061 (2) - Transit Safety Standards; Inspections and System Safety Reviews
- 3) It shall comply with Florida Administrative Code
 - a. Rule Chapter 14-73 - Public Transportation
 - b. Rule Chapter 14-90 - Equipment and Operational Safety Standards for Bus Transit Systems
 - c. Rule Chapter 14-90.0041 - Medical Examination for Bus System Driver
 - d. Rule Chapter 41-2 - Definitions
- 4) It shall comply with the FDOT's:
 - a. Bus Transit System Safety Program Procedure No. 725-030-009
 - b. Public Transit Substance Abuse Management Program Procedure No. 725-030-035
 - c. Transit Vehicle Inventory Management Procedure No. 725-030-025
 - d. Public Transportation Vehicle Leasing Procedure No. 725-030-001
 - e. FDOT Guidelines for Acquiring Vehicles
 - f. Procurement Guidance for Transit Agencies Manual
- 5) It has the fiscal and managerial capability and legal authority to file the application.
- 6) Local matching funds will be available to purchase vehicles/equipment at the time an order is placed.
- 7) It will carry adequate insurance to maintain, repair, or replace project vehicles/equipment in the event of loss or damage due to an accident or casualty.
- 8) It will maintain project vehicles/equipment in good working order for the useful life of the vehicles/equipment.
- 9) It will return project vehicles/equipment to FDOT if, for any reason, they are no longer needed or used for the purpose intended.
- 10) It recognizes FDOT's authority to remove vehicles/equipment from its premises, at no cost to the FDOT, if the Department determines the vehicles/equipment are not used for the purpose intended, improperly maintained, uninsured, or operated unsafely.
- 11) It will not enter into any lease of project vehicles/equipment or contract for transportation services

with any third party without prior approval of FDOT.

12) It will notify FDOT within 24 hours of any accident or casualty involving project vehicles/equipment, and submit related reports as required by the Department.

13) It will submit an annual financial audit report to FDOT (FDOTSingleAudit@dot.state.fl.us), if required by FDOT.

Date: _____

(Typed name and title of authorized representative)

(Signature of authorized representative)

1.17. EXHIBIT J: STANDARD LOBBYING CERTIFICATION FORM

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," (a copy the form can be obtained from <http://www.dot.state.fl.us/transit/Pages/grantsadministration.shtm>) in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.]

The Contractor, , certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

_____ Signature of Contractor's Authorized Official

_____ Name and Title of Contractor's Authorized Official

_____ Date

1.18. EXHIBIT K: FTA SECTION 5333 (B) ASSURANCE

(Note: By signing the following assurance, the recipient of Section 5311 and/or 5311(f) assistance assures it will comply with the labor protection provisions of 49 U.S.C. 5333(b) by one of the following actions: (1) signing the Special Warranty for the Rural Area Program ([see FTA Circular C 9040.1E, Chapter X](#)); (2) agreeing to alternative comparable arrangements approved by the [Department of Labor \(DOL\)](#); or (3) obtaining a waiver from the DOL.)

_____ (hereinafter referred to as the “Recipient”) HEREBY ASSURES that the “Special Section 5333 (b) Warranty for Application to the Small Urban and Rural Program” has been reviewed and certifies to the Florida Department of Transportation that it will comply with its provisions and all its provisions will be incorporated into any contract between the recipient and any sub-recipient which will expend funds received as a result of an application to the Florida Department of Transportation under the FTA Section 5339 Program.

Dated _____

(Name and Title of Authorized Representative)

(Signature of Authorized Representative)

Note: All applicants must complete the following form and submit it with the above Assurance.

LISTING OF RECIPIENTS, OTHER ELIGIBLE SURFACE TRANSPORTATION PROVIDERS, UNIONS OF SUB-RECIPIENTS, AND LABOR ORGANIZATIONS REPRESENTING EMPLOYEES OF SUCH PROVIDERS, IF ANY

(See Appendix for Example)

1 Identify Recipients of Transportation Assistance Under this Grant.	2 Site Project by Name, Description, and Provider (e.g. Recipient, other Agency, or Contractor)	3 Identify Other Eligible Surface Transportation Providers (Type of Service)	4 Identify Unions (and Providers) Representing Employees of Providers in Columns 1, 2, and 3

1.19. TITLE VI PROGRAM

If an applicant has not previously submitted their Title VI plan to the Department, a copy must be included here.

1.20. LOCAL CLEARINGHOUSE AGENCY LETTER

If grant application is for facilities, please include a copy of the cover letter submitted to the local clearinghouse agency or RPC.

1.21. EXHIBIT H: PROTECTION OF THE ENVIRONMENT

Required if the proposed project is for the construction of facilities. Please see Grant Application Instruction Manual for details.

END OF APPLICATION

5310 Grant Application Revised on 23 September 2016

Revised by: Kayla Costello

FDOT Public Transit Office

605 Suwannee Street (MS 26)

Tallahassee, Florida 32399-0450

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